

**IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF ALABAMA**

**ROBERT D. BELUE, et al.**

## Plaintiffs

**VS.**

**A.O. SMITH ELECTRICAL PRODUCTS, \$**  
**COMPANY, a division of A.O. SMITH \$**  
**CORPORATION, et al. \$**

## Defendants

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**§CIVIL ACTION NO.:2:06CV1034-WKW-WC**

**SUNBEAM PRODUCTS INCORPORATED'S MOTION  
FOR PARTIAL SUMMARY JUDGMENT AND SUPPORTING MEMORANDUM**

COMES NOW, Sunbeam Products Incorporated (“Sunbeam Products”) pursuant to Federal Alabama Rule of Civil Procedure 56, and requests that the Court grant partial summary judgment in favor of Sunbeam products against certain Plaintiffs in this matter. In support, Sunbeam Products shows as follows:

## I. NARRATIVE SUMMARY OF UNDISPUTED MATERIAL FACTS

The following material facts are undisputed:

1. Fifteen plaintiffs filed this cause of action on November 16, 2006. *See* Complaint. Sunbeam Products seeks summary judgment and dismissals of the claims of the following ten Plaintiffs: Robert D. Belue; Betty Cox, individually and as representative of the Estate of Harold W. Cox, Sr.; Johnny A. Davis; Ethel Evans, individually and as representative of the Estate of Melvin Evans; Issac L. Gibson; Sara Jones, individually and as representative of the Estate of Charles R. Jones; Judy Partain, individually and as representative of the Estate of Mavis Kelly; Walter Powell; James Pruitt and Donna Cagle, individually and as representative of the Estate of

Edwin Semevolos. At present, Sunbeam Products is not seeking summary judgment as to the remaining five Plaintiffs.

**A. Robert D. Belue**

2. Robert D. Belue was tested for asbestosis on July 15, 2004, and the results were read by Dr. Alvin J. Schonfeld on September 13, 2004. *See* Exhibit "a" (Medical Records of Robert D. Belue).

3. This date occurred more than two (2) years prior to Belue's filing of this present lawsuit.

4. Belue's claims for damages are barred by the applicable Alabama statute of limitations.

**B. Harold W. Cox, Sr.**

5. Harold W. Cox died on February 2, 2005. *See* Exhibit "b" (Social Security Death Index Search Results for Harold W. Cox, Sr.).

6. As of the date of this motion, no estate has been established for Mr. Cox. *See* Exhibit "C" (Affidavit of Crystal Bennett).

7. On November 17, 2006, plaintiff Betty Cox filed this action purporting to be the personal representative of the estate of Harold W. Cox.

8. There are no allegations in the Complaint that the plaintiff was, at the time of the decedent's death, a dependent within the definition of the Alabama Worker's Compensation Statute.

9. More than two years have expired since the date of Mr. Cox's death; therefore, his claims for damages are barred by the Alabama statute of limitations.

**C. Johnny A. Davis**

10. Johnny A. Davis was tested for asbestosis on August 6, 2004, and the results were read by Dr. Alvin J. Schonfeld on November 2, 2004. *See* Exhibit "D" (Medical Records of Johnny A. Davis).

11. This date occurred more than two (2) years prior to Davis' filing of this present lawsuit.

12. Davis' claims for damages are barred by the applicable Alabama statute of limitations.

**D. Melvin Evans**

13. Melvin Evans died on November 12, 2005. *See* Exhibit "E" (Social Security Death Index Search Results for November 12, 2005).

14. As of the date of this motion, no estate has been established for Mr. Evans. *See* Exhibit "C" (Affidavit of Crystal Bennett).

15. On November 16, 2006, plaintiff Ethel Evans filed this action purporting to be the personal representative of the estate of Melvin Evans.

16. There are no allegations in the Complaint that the plaintiff was, at the time of the decedent's death, a dependent within the definition of the Alabama Worker's Compensation Statute.

17. Because more than two years have expired since the date of Mr. Evans' death, his claims for damages are barred by the Alabama statute of limitations.

**E. Issac L. Gibson**

18. On July 11, 2002, a biopsy was performed on Issac L. Gibson's vocal cords which indicated squamous cell carcinoma. *See* Exhibit "F" (Medical Records of Issac L. Gibson).

19. Gibson learned of his cancer more than two (2) years prior to his filing of this present lawsuit.

20. Gibson's claims for damages are barred by the applicable Alabama statute of limitations.

**F. Charles R. Jones**

21. Charles R. Jones died on December 28, 2004. *See* Exhibit "G" (Social Security Death Index Search Results for Charles R. Jones).

22. On November 17, 2006, plaintiff Sara Jones filed this action purporting to be the personal representative of the estate of Charles R. Jones.

23. There were no allegations in the Complaint that the plaintiff was, at the time of the decedent's death, a dependent within the definition of the Alabama Worker's Compensation Statute.

24. A Petition for Letters of Administration was not filed in the Probate Court of Randolph County, Alabama, by Sara Jones until March 18, 2008. *See* Exhibit "C" (Affidavit of Crystal Bennett). Therefore, this Petition was untimely.

25. More than two years expired since the date of Mr. Jones' death and the filing of the Petition for Letters of Administration. Therefore, his claims for damages are barred by the Alabama statute of limitations.

**G. Mavis Kelly**

26. Mavis Kelly died on December 18, 2003. *See* Exhibit "H" (Social Security Death Index Search Results for Mavis Kelly).

27. On November 17, 2006, plaintiff Judy Partain filed this action on behalf of the estate of Mavis Kelly.

28. There were no allegations in the Complaint that the plaintiff was, at the time of the decedent's death, a dependent within the definition of the Alabama Worker's Compensation Statute.

29. A Petition for Letters of Administration was not filed in the Probate Court of Jefferson County, Alabama, by Judy Partain until October 16, 2007. *See* Exhibit "C" (Affidavit of Crystal Bennett). Therefore, this Petition was untimely.

30. More than two years have expired since the date of Kelly's death and the filing of the Petition for Letters of Administration. Therefore, the claims for damages are barred by the Alabama statute of limitations.

**H. Walter Powell**

31. On February 10, 2004, a lobectomy was performed on Walter Powell which indicated squamous cell lung cancer. *See* Exhibit "I" (Medical Records of Walter Powell).

32. Powell learned of his cancer more than two (2) years prior to his filing of this present lawsuit.

33. Powell's claims for damages are barred by the applicable Alabama statute of limitations.

**I. James Pruitt**

34. On March 10, 1987, surgery was performed on James Pruitt which indicated well differentiated adenocarcinoma of the lung. *See* Exhibit "J" (Medical Records of James Pruitt).

35. James Pruitt discovered his cancer more than two (2) years prior to his filing of this present lawsuit.

36. Furthermore, Pruitt died on September 6, 2006. *See* Exhibit "K" (Social Security Death Index Search Results for James Pruitt). However, this lawsuit, filed after his death, was brought in the name of James Pruitt, who was deceased, making the filing a nullity.

37. Pruitt's claims for damages are barred by the applicable Alabama statute of limitations.

**J. Edwin Semevolos**

38. On December 30, 2002, Edwin (Eddy) a lung biopsy was performed on Semevolos which indicated small cell carcinoma. *See* Exhibit "L" (Medical Records of Edwin Semevolos).

39. Semevolos discovered his cancer more than two years prior to his filing of this present law suit.

40. Furthermore, Edwin Semevolos died on February 11, 2005. *See* Exhibit "M" (Social Security Death Index Search Results for Edwin Semevolos).

41. A Petition for Letters of Administration was filed in the Probate Court of Madison County, Alabama, by Donna Cagle on November 28, 2006. *See* Exhibit "C" (Affidavit of Crystal Bennett). However, on November 17, 2006, plaintiff Donna Cagle filed this action

purporting to be the personal representative of the estate of Edwin Semevolos. Therefore, the filing of the Petition for Letters of Administration was untimely.

42. There are no allegations in the Complaint that the plaintiff was, at the time of the decedent's death, a dependent within the definition of the Alabama Worker's Compensation Statute.

43. More than two years have expired since Semevolos learned of his asbestos related injury. Moreover, if this claim is not time barred, Cagle did not timely seek Letters of Administration. Therefore, the claims for damages are barred by the Alabama statute of limitations.

## **II. MEMORANDUM IN SUPPORT OF SUMMARY JUDGMENT**

### **A. Summary Judgment Is Appropriate for Plaintiffs Whose Claims are Barred by the Applicable Two Year Alabama Statute of Limitations.**

#### **1. Alabama Code Section 6-2-30 (1975)**

Pursuant to Alabama Code Section 6-2-30:

A civil action for any injury to the person or rights of another resulting from exposure to asbestos, including asbestos-containing products, *shall be deemed to accrue on the first date the injured party, through reasonable diligence, should have reason to discover the injury giving rise to such civil action.*

(emphasis added). On July 15, 2004, Plaintiff Belue was tested for asbestosis and received his first b-read from Dr. Alvin J. Schonfeld on September 13, 2004. *See* Exhibit "A." As of this date, Belue had or should have had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Belue discovered or had reason to discover his injury, or on September 13, 2006. Plaintiff Belue did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006, approximately one (1) month after the expiration of the statute of limitations.

On August 6, 2004, Plaintiff Davis was tested for asbestosis and received his first b-read from Dr. Alvin J. Schonfeld on November 2, 2004. *See* Exhibit "D." As of this date, Davis had or should have had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Davis discovered or had reason to discover his injury, or on November 2, 2006. Plaintiff Davis did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006.

On July 11, 2002, a biopsy was performed on Plaintiff Gibson's vocal cords which indicated squamous cell carcinoma. *See* Exhibit "F." As of this date, Gibson had or should have had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Gibson discovered or had reason to discover his injury, or on July 11, 2004. Plaintiff Gibson did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006, approximately two (2) years and 129 days after the expiration of the statute of limitations.

On February 10, 2004, a lobectomy was performed on Plaintiff Powell which indicated squamous cell lung cancer. *See* Exhibit "I." As of this date, Powell had or should have had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Powell discovered or had reason to discover his injury, or on February 10, 2006. Plaintiff Powell did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006, approximately nine (9) months after the expiration of the statute of limitations.

On March 10, 1987, surgery was performed on Plaintiff Pruitt which indicated well differentiated adenocarcinoma of the lung. *See* Exhibit "J." As of this date, Pruitt had or should have



had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Pruitt discovered or had reason to discover his injury, or on March 10, 1989. Plaintiff Powell did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006, approximately seventeen (17) years after the expiration of the statute of limitations.

On December 30, 2002, a biopsy was performed on Plaintiff Semevolos which indicated small cell carcinoma. *See* Exhibit "L." As of this date, Semevolos had or should have had knowledge of his claims for injuries allegedly caused by asbestos or asbestos containing products. Plaintiff's cause of action expired two years from the date Semevolos discovered or had reason to discover his injury, or on December 30, 2004. Plaintiff Semevolos did not file his action for his alleged injuries related to asbestos exposure until November 17, 2006, approximately one (1) year and ten (10) months after the expiration of the statute of limitations.

Plaintiffs Belue, Davis, Gibson, Powell, Pruitt and Semevolos failed to file their causes of action within the applicable two year Alabama statute of limitations. Therefore, their claims for damages are barred.

## **2. Alabama Code Section 6-5-410 (Wrongful Death Statute)**

The Alabama wrongful death statute codified at Ala. Code § 6-5-410 (1975) requires that such actions be commenced within two (2) years of the death. It also provides that only a "personal representative" may commence an action for wrongful death. As interpreted by the courts, a cause of action under the wrongful death statute is vested in the personal representative alone, who acts as an agent of legislative appointment for the purpose of effectuating public policy. *Downtown Nursing Home, Inc. v. Pool*, 375 So. 2d 465, 466 (Ala. 1979), *cert. den.* 445 U.S. 930 (1980).

“Personal representative” when used in the Alabama wrongful death statute means the executor or administrator of the testator or intestate. *See id.*; *Hatas v. Partin*, 175 So. 2d 759, 761 (1965); *Smith v. Tribble*, 485 So. 2d 1083, 1085 (Ala. 1986).

Except in cases involving the death of a minor, an individual cannot bring a wrongful death action unless the individual has been appointed as the personal representative of the estate of the decedent whose death is the basis of the wrongful death claim. *Buck v. City of Rainsville*, 572 So. 2d 419 (Ala. 1990). Where suit is filed, for example, in the name of the spouse or the child of the adult deceased, instead of in the name of the executor or administrator of the estate of the deceased and no proceedings have been filed in Probate Court for the appointment of an executor or administrator, summary judgment dismissing the action is proper. *Waters v. Hipp*, 600 So. 2d 981, 982 (Ala. 1982).

[I]f the two-year period prescribed by the [wrongful death] statute has expired before the representative is ‘duly appointed,’ the heirs of the decedent are barred from recovery. The theory behind this rationale is that the acts of a nonappointed personal representative are void, and if the two years has expired, an amendment pursuant to Rule 17(a), A.R.Civ. P., will not ‘relate back,’ there being no valid act to which the amendment can relate back.

*Holyfield v. Moates*, 565 So. 2d 186, 188-89 (Ala. 1990). One who files a wrongful death suit without having been appointed as the executor or administrator does not qualify as a personal representative, and the suit is a nullity. *Waters*, 600 So. 2d at 982.

Harold W. Cox, Sr.’s claims in this case are due to be dismissed because the decedent died on February 2, 2005, requiring that an appointed personal representative file suit for wrongful death on or before February 2, 2007. Suit was filed by Betty Cox, purporting to be the personal

representative of Cox, on November 17, 2006. However, because Ms. Cox was not an appointed personal representative of the decedent, the filing of this suit by her is a nullity.

Melvin Evans' claims in this case are due to be dismissed because the decedent died on November 12, 2005, requiring that an appointed personal representative file suit for wrongful death on or before November 12, 2007. Suit was filed by Ethel Evans, purporting to be the personal representative of Evans on November 17, 2006. However, because Ms. Evans was not an appointed personal representative of the decedent, the filing of this suit by her is a nullity.

Charles R. Jones' claims in this case are due to be dismissed because the decedent died on December 28, 2004, requiring that an appointed personal representative file suit for wrongful death on or before December 28, 2006. Suit was filed by Sara Jones, purporting to be the personal representative of Jones, on November 17, 2006. However, because Ms. Jones did not timely file her Petition for Letters of Administration, the filing of this suit by her is a nullity.

Mavis Kelly's claims in this case are due to be dismissed because the decedent died on December 18, 2003, requiring that an appointed personal representative file suit for wrongful death on or before December 18, 2005. Suit was filed by Judy Partain on November 17, 2006. However, because Ms. Partain did not timely file her Petition for Letters of Administration, the filing of this suit by her is a nullity.

In addition to the grounds already stated in the previous section, Edwin Semevolos' claims in this case are also due to be dismissed because the decedent died on February 11, 2005, requiring that an appointed personal representative file suit for wrongful death on or before February 11, 2007. Suit was filed by Donna Cagle, purporting to be the personal representative of Semevolos, on

November 17, 2006. However, because Ms. Cagle did not timely file her Petition for Letters of Administration, the filing of this suit by her is a nullity.

James Pruitt's claims are due to be dismissed because Pruitt died on September 6, 2006, requiring that this suit be filed by a personal representative. However, on November 17, 2006, this suit, filed two (2) months after Pruitt's death, was filed in the name of James Pruitt. Because Pruitt was deceased at the time of filing, the suit, having not being brought by a personal representative, is a nullity.

Plaintiffs may seek to avoid application of this rule by reliance on the wrongful death provision of the Alabama Worker's Compensation Statute, Ala. Code § 25-5-11. This Section provides that a *dependent* of the decedent may bring a wrongful death claim against the employer and against third parties. Dependents under the Worker's Compensation Statute include the wife, minor children under the age of 18, and certain other designated individuals who were *supported by the deceased workman at the time of his death*. Ala. Code § 25-5-1(3), § 25-5-61 and § 25-5-62.

Plaintiffs Cox, Evans, Jones, Partain, or Cagle in this case do not allege that this action is brought pursuant to the terms of the Alabama Worker's Compensation Statute, do not allege that the named plaintiff is a dependent of the decedent within the definition of the Alabama Worker's Compensation Statute, and do not allege that the plaintiff was supported by the decedent at the time of his death. In short, there are no allegations within the Complaint that bring it within the purview of wrongful death provisions of the Alabama Worker's Compensation Statute.

### III. CONCLUSION

Based on the foregoing, the Defendant Sunbeam Products, Incorporated respectfully requests that its motion for partial summary judgment be granted and that the claims against it be dismissed

as to Plaintiffs Robert D. Belue; Betty Cox, individually and as representative of the Estate of Harold W. Cox, Sr.; Johnny A. Davis; Ethel Evans, individually and as representative of the Estate of Melvin Evans; Issac L. Gibson; Sara Jones, individually and as representative of the Estate of Charles R. Jones; Judy Partain, individually and as representative of the Estate of Mavis Kelly; Walter Powell; James Pruitt and Donna Cagle, individually and as representative of the Estate of Edwin Semevolos, with prejudice.

**Respectfully submitted,**

**SUNBEAM PRODUCTS INCORPORATED**

**BY: /s/ Randi Peresich Mueller**  
**RANDI PERESICH MUELLER, ASB# 7546-R71M**  
**PAGE, MANNINO, PERESICH &**  
**MCDERMOTT, P.L.L.C.**  
**460 BRIARWOOD DRIVE, SUITE 415**  
**POST OFFICE BOX 16450**  
**JACKSON, MS 39236**  
**(601) 896-0114/FAX (601) 896-0145**

**CERTIFICATE OF SERVICE**

I, **RANDI PERESICH MUELLER**, of the law firm of Page, Mannino, Peresich & McDermott, P.L.L.C., have this day filed by the ECF filing system, a true and correct copy of the above and foregoing **SUNBEAM PRODUCTS INCORPORATED'S MOTION FOR PARTIAL SUMMARY JUDGMENT AND SUPPORTING MEMORANDUM** and have served the Plaintiffs' counsel and all Defense counsel a copy of the same by notification through the ECF filing notification system.

THIS, the 22nd day of April, 2008.

/s/ Randi Peresich Mueller  
**RANDI PERESICH MUELLER**  
**PAGE, MANNINO, PERESICH &**  
**MCDERMOTT, P.L.L.C.**  
**POST OFFICE BOX 16450**  
**JACKSON, MS 39236**  
**TELEPHONE: (601) 896-0114**  
**FACSIMILE: (601) 896-0145**

# EXHIBIT A

ROBERT D. BELUE

## Testimon

1544192534

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE

OMB No.: 0920-0020  
Exp. Date: 05/31/2004

DATE OF RADIOGRAPH  
MONTH DAY YEAR

MONTH DAY YEAR  
07 15 2004

**WORKER'S Social Security Number**

**CENTERS FOR DISEASE CONTROL,  
National Institute for Occupational Safety and Health  
Federal Mine Safety and Health Act of 1977  
Medical Examination Program**

Coal Workers' Health Surveillance Program  
NIOSH  
PO Box 4258  
Morgantown, West Virginia 26504

### ROENTGENOGRAPHIC INTERPRETATION

### TYPE OF READING

### FACILITY IDENTIFICATION

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

A      B      P

| <b>1. FILM QUALITY</b><br><div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> Overexposed (dark)<br/> <input checked="" type="checkbox"/> Underexposed (light)<br/> <input type="checkbox"/> Artifacts         </div> <div style="text-align: center;"> <input type="checkbox"/> Improper position<br/> <input type="checkbox"/> Poor contrast<br/> <input type="checkbox"/> Poor processing         </div> <div style="text-align: center;"> <input type="checkbox"/> Underinflation<br/> <input type="checkbox"/> Mottle<br/> <input type="checkbox"/> Other (please specify) _____         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px; background-color: black; color: white;">X</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">U/R</div> </div> <p style="font-size: small;">(If not Grade 1, mark all boxes that apply)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | <b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b><br><div style="display: flex; justify-content: space-between; align-items: center;"> <div>             YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C<br/>             NO <input type="checkbox"/> Proceed to Section 3A           </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |     |     |     |     |     |     |     |                                                                                                                                                                                                                                                                                                                                         |    |    |    |    |    |    |    |       |    |    |    |        |    |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
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| <b>2B. SMALL OPACITIES</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: x-small; text-align: center;">a. SHAPE/SIZE</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">PRIMARY</th> <th colspan="2">SECONDARY</th> </tr> <tr> <td>p</td><td>s</td> <td>p</td><td>s</td> </tr> <tr> <td>q</td><td>r</td> <td>q</td><td>t</td> </tr> <tr> <td>r</td><td>u</td> <td>r</td><td>u</td> </tr> </table> </div> <div style="width: 45%;"> <p style="font-size: x-small; text-align: center;">b. ZONES</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th colspan="2">R</th> <th colspan="2">L</th> </tr> <tr> <td>UPPER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MIDDLE</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>LOWER</td> <td>X</td> <td>X</td> <td>X</td> </tr> </table> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | PRIMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | SECONDARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     | p   | s   | p   | s   | q   | r   | q   | t   | r                                                                                                                                                                                                                                                                                                                                       | u  | r  | u  | R  |    | L  |    | UPPER |    |    |    | MIDDLE | X  | X  | X  | LOWER | X  | X | X | <b>2C. LARGE OPACITIES</b><br><div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;">SIZE</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; padding: 2px; background-color: black; color: white;">X</div> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> <div style="border: 1px solid black; padding: 2px;">C</div> </div> <div style="margin-left: 10px;">Proceed to Section 3A</div> </div> |   |   |   |   |   |
| PRIMARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | SECONDARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |     |     |     |     |     |     |     |                                                                                                                                                                                                                                                                                                                                         |    |    |    |    |    |    |    |       |    |    |    |        |    |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
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| <b>2B. SMALL OPACITIES</b><br><p style="font-size: x-small; text-align: center;">c. PROPORTION</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>0/+</th> <th>0/0</th> <th>0/1</th> </tr> <tr> <td>0/0</td> <td>1/1</td> <td>1/2</td> </tr> <tr> <td>2/1</td> <td>2/2</td> <td>2/3</td> </tr> <tr> <td>3/2</td> <td>3/3</td> <td>3/+</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | 0/+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0/0 | 0/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0/0 | 1/1 | 1/2 | 2/1 | 2/2 | 2/3 | 3/2 | 3/3 | 3/+ | <b>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b><br><div style="display: flex; justify-content: space-between; align-items: center;"> <div>             YES <input checked="" type="checkbox"/> Complete Sections 3B, 3C<br/>             NO <input type="checkbox"/> Proceed to Section 4A           </div> </div> |    |    |    |    |    |    |    |       |    |    |    |        |    |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
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| <b>3B. PLEURAL PLAQUES</b> (mark site, calcification, extent, and width)<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Site</p> <p>Chest wall</p> <p>In profile</p> <p>Face on</p> <p>Diaphragm</p> <p>Other site(s)</p> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Calcification</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>X</td><td>R</td><td>L</td></tr> <tr><td>X</td><td>R</td><td>L</td></tr> <tr><td>X</td><td>R</td><td>L</td></tr> <tr><td>X</td><td>R</td><td>L</td></tr> </table> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Extent (chest wall; combined for in profile and face on)</p> <p>Up to 1/4 of lateral chest wall = 1</p> <p>1/4 to 1/2 of lateral chest wall = 2</p> <p>&gt; 1/2 of lateral chest wall = 3</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>0</td><td>X</td><td></td> <td>0</td><td>X</td><td></td> </tr> <tr> <td>1</td><td>X</td><td>3</td> <td>1</td><td>X</td><td>3</td> </tr> </table> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Width (in profile only)<br/>(3mm minimum width required)</p> <p>3 to 5 mm = a</p> <p>5 to 10 mm = b</p> <p>&gt; 10 mm = c</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>X</td><td>R</td><td></td> <td>X</td><td>L</td><td></td> </tr> <tr> <td>a</td><td>b</td><td>c</td> <td>a</td><td>b</td><td>c</td> </tr> </table> </div> </div> |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | R   | L   | X   | R   | L   | X   | R   | L   | X   | R                                                                                                                                                                                                                                                                                                                                       | L  | 0  | X  |    | 0  | X  |    | 1     | X  | 3  | 1  | X      | 3  | X  | R  |       | X  | L |   | a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | b | c | a | b | c |
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| <b>3C. COSTOPHRENIC ANGLE OBLITERATION</b><br><div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div>             Proceed to Section 3D<br/>             NO <input checked="" type="checkbox"/> Proceed to Section 4A           </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | <b>3D. DIFFUSE PLEURAL THICKENING</b> (mark site, calcification, extent, and width)<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Site</p> <p>Chest wall</p> <p>In profile</p> <p>Face on</p> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Calcification</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td>O</td><td>R</td><td>L</td></tr> <tr><td>O</td><td>R</td><td>L</td></tr> </table> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Extent (chest wall; combined for in profile and face on)</p> <p>Up to 1/4 of lateral chest wall = 1</p> <p>1/4 to 1/2 of lateral chest wall = 2</p> <p>&gt; 1/2 of lateral chest wall = 3</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>O</td><td>R</td><td></td> <td>O</td><td>L</td><td></td> </tr> <tr> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> </tr> </table> </div> <div style="width: 30%;"> <p style="font-size: x-small; text-align: center;">Width (in profile only)<br/>(3mm minimum width required)</p> <p>3 to 5 mm = a</p> <p>5 to 10 mm = b</p> <p>&gt; 10 mm = c</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>O</td><td>R</td><td></td> <td>O</td><td>L</td><td></td> </tr> <tr> <td>a</td><td>b</td><td>c</td> <td>a</td><td>b</td><td>c</td> </tr> </table> </div> </div> |     | O   | R   | L   | O   | R   | L   | O   | R   |                                                                                                                                                                                                                                                                                                                                         | O  | L  |    | 1  | 2  | 3  | 1  | 2     | 3  | O  | R  |        | O  | L  |    | a     | b  | c | a | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | c |   |   |   |   |
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| a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b   | c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a   | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c   |     |     |     |     |     |     |     |     |                                                                                                                                                                                                                                                                                                                                         |    |    |    |    |    |    |    |       |    |    |    |        |    |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
| <b>4A. ANY OTHER ABNORMALITIES?</b><br><div style="display: flex; justify-content: space-between; align-items: center;"> <div>             YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E<br/>             NO <input checked="" type="checkbox"/> Proceed to Section 5           </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | <b>4B. OTHER SYMBOLS (OBLIGATORY)</b><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>aa</td><td>at</td><td>ax</td><td>bu</td><td>ca</td><td>cg</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>en</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>me</td><td>ps</td><td>pb</td><td>pi</td><td>px</td><td>ra</td><td>rp</td><td>th</td> </tr> </table> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">OD</div> <div>             If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D)           </div> </div> |     | aa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | at  | ax  | bu  | ca  | cg  | cn  | co  | cp  | cv  | di                                                                                                                                                                                                                                                                                                                                      | ef | en | es | fr | hi | ho | id | ih    | kl | me | ps | pb     | pi | px | ra | rp    | th |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
| aa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | at  | ax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | bu  | ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cg  | cn  | co  | cp  | cv  | di  | ef  | en  | es  | fr                                                                                                                                                                                                                                                                                                                                      | hi | ho | id | ih | kl | me | ps | pb    | pi | px | ra | rp     | th |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |
| <b>4E. Should worker see personal physician because of findings in section 4?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Date Physician or Worker notified?</div> <div>             MONTH DAY YEAR<br/> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> </div> </div>                                                                                                                                                                                                                                                                                                                  |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |     |     |     |     |     |     |     |                                                                                                                                                                                                                                                                                                                                         |    |    |    |    |    |    |    |       |    |    |    |        |    |    |    |       |    |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   |   |   |

5 PHYSICIAN'S Social Security Number=

\* Providing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

FILM READER'S  
INITIALS

DATE OF READING \_\_\_\_\_

|  |  |  |  |  |
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|   |   |   |
|---|---|---|
| A | J | S |
|---|---|---|

MONTH DAY YEAR  
09 13 2004

SCHONFELD ALVIN J. 438 W. ST. JAMES A.  
LAST NAME - STREET ADDRESS

C.H.L.C.A.6.0

CITY CDC/NIOSH (M) 2.8  
REV. 6/02


STATE ZIP CODE



# EXHIBIT B

# Social Security Death Index Search Results

81,074,156 Records  
last updated on 2-22-2008

 The key to your research  
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The most full-featured SSDI search engine on the internet

| Field       | Value    | Records | Results |
|-------------|----------|---------|---------|
| Last Name   | COX      | 88576   | 88576   |
| First Name  | HAROLD   | 388965  | 429     |
| Middle Name | W        | 1530411 | 13      |
| Birth Date  | 12191943 |         | Scanned |

Viewing 1-1 of 1

| Name            | Birth             | Death                    | Last Residence                    | Last Benefit        | SSN         | Issued  | Tools                                                                                             | Order Record?                                                     |
|-----------------|-------------------|--------------------------|-----------------------------------|---------------------|-------------|---------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| HAROLD<br>W COX | 19<br>Dec<br>1943 | 02<br>Feb<br>2005<br>(V) | 35062<br>(Dora,<br>Walker,<br>AL) | (none<br>specified) | 422-56-4511 | Alabama | <a href="#">SS-5 Letter</a><br><a href="#">Add Post-em</a><br><a href="#">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

(V)=(Verified) Report verified with a family member or someone acting on behalf of a family member.  
(P)=(Proof) Death Certificate Observed.

Last name

First Name

Middle Name  (initial)

SSN

Last Residence

Last Benefit

Zip

State

County

City

Birth

1943

CPU seconds used 0.144977

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>

For help using the SSDI search, see [Problem solving](#)

# EXHIBIT C

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF ALABAMA

**ROBERT D. BELUE, et al.**

## Plaintiffs

VS.

**A.O. SMITH ELECTRICAL PRODUCTS,§**  
**COMPANY, a division of A.O. SMITH §**  
**CORPORATION, et al. §**

## Defendants

[illegible]

**§CIVIL ACTION NO.:2:06CV1034-WKW-WC**

**AFFIDAVIT OF CRYSTAL BENNETT**

I, Crystal Bennett, who after first being duly sworn on oath, state as follows:

1. I, Crystal Bennett, am over 21 years of age and of sound mind. I have personal knowledge of all matters set forth in this Affidavit.
2. On April 8, 2008, I placed a telephone call to the Probate Office in Walker County, Alabama, requesting information on any estate that may have been established for Harold W. Cox. I was informed by Jane Gregory, Probate Secretary for the Probate Office of Walker County, that no estate had been established for Harold W. Cox in the Probate Court of Walker County, Alabama.
3. On April 9, 2008, I placed a telephone call to the Probate Office in Clarke County, Alabama, requesting information on any estate that may have been established for Melvin Evans. I was informed by Sylvia Fuller, Recording Secretary for the Probate Office of Clarke County, that no estate had been established for Melvin Evans in the Probate Court of Clarke County, Alabama.
4. On April 9, 2008, I placed a telephone call to the Probate Office in Randolph County, Alabama, requesting information on any estate that may have been established for Charles R. Jones. I was informed by Cathy Breed, Court Clerk for the Probate Office of Randolph County, that an estate had been established for Charles R. Jones in the Probate Court of Randolph County, Alabama. However, that estate was not established by Sara Jones until March 18, 2008.
5. On April 15, 2008, I placed a telephone call to the Probate Office in Jefferson County, Alabama, requesting information on any estate that may have been established for Mavis O. Kelly. I was informed by Janis Roy, Court Clerk for the

Probate Office of Jefferson County, that an estate had been established for Mavis O. Kelly in the Probate Court of Jefferson County, Alabama. However, that estate was not established by Judy L. Partain until October 16, 2007.

6. On April 9, 2008, I placed a telephone call to the Probate Office in Madison County, Alabama, requesting information on any estate that may have been established for Eddy Semevolos. I was informed by Kristin McDonald, Clerk for the Probate Office of Madison County, that an estate had been established for Eddy Semevolos in the Probate Court of Madison County, Alabama. However, that estate was not established until November 28, 2006.

  
Crystal Bennett

STATE OF MISSISSIPPI

COUNTY OF HINDS

PERSONALLY appeared before me the undersigned, Crystal Bennett, who after being first duly sworn, stated on his oath that the matters and things contained in his Affidavit are true and correct as therein stated.

SWORN to before me this, the 22<sup>nd</sup> day of April, 2008.

My Commission Expires:

2/21/12



  
NOTARY PUBLIC

# EXHIBIT D

JOHNNY A. DAVIS


| DEPARTMENT OF HEALTH AND HUMAN SERVICES<br>PUBLIC HEALTH SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| CENTERS FOR DISEASE CONTROL<br>National Institute for Occupational Safety and Health<br>Federal Mine Safety and Health Act of 1977<br>Medical Examination Program                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                               |  |
| Coal Workers' Health Surveillance Program<br>NIOSH<br>PO Box 4258<br>Morgantown, West Virginia 26504                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                               |  |
| DATE OF RADIOGRAPH<br>MONTH DAY YEAR<br>08 06 2004                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | WORKER'S Social Security Number<br>[REDACTED] 9306                                                                                            |  |
| ROENTGENOGRAPHIC INTERPRETATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | FACILITY IDENTIFICATION                                                                                                                       |  |
| TYPE OF READING<br>A <input type="checkbox"/> B <input checked="" type="checkbox"/> P <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                               |  |
| 1. FILM QUALITY<br><input type="checkbox"/> Overexposed (dark) <input checked="" type="checkbox"/> Improper position <input type="checkbox"/> Underinflation<br><input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle<br><input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) <u>Scapula</u>                                                              |  |                                                                                                                                               |  |
| 2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                               |  |
| 2B. SMALL OPACITIES<br>A. SHAPE/SIZE<br>PRIMARY SECONDARY<br>P S P X<br>Q X Q 1<br>J U J U<br>B. ZONES<br>R L<br>UPPER<br>MIDDLE<br>LOWER<br>C. PROFUSION<br>0/- 0/0 0/1<br>1/1 1/1 1/2<br>2/1 2/2 2/3<br>3/2 3/3 3/4                                                                                                                                                                                                                                                                           |  | 2C. LARGE OPACITIES<br>SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A |  |
| 3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> Complete Sections 3B, 3C NO <input type="checkbox"/> Proceed to Section 4A                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                               |  |
| 3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)<br>Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)<br>In profile O X X O R L Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a<br>Face on O X L X R L 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b<br>Diaphragm X R L X R L > 1/2 of lateral chest wall = 3 > 10 mm = c<br>Other site(s) X R L X R L 1 X 3 2 X 3 a X c b c |  |                                                                                                                                               |  |
| 3C. COSTOPHRENIC ANGLE OBLITERATION R L Proceed to Section 3D NO <input checked="" type="checkbox"/> Proceed to Section 4A                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                               |  |
| 3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)<br>Chest wall Site Calcification Extent (chest wall; combined for in profile and face on) Width (in profile only) (3mm minimum width required)<br>In profile O R L O R L Up to 1/4 of lateral chest wall = 1 3 to 5 mm = a<br>Face on O R L O R L 1/4 to 1/2 of lateral chest wall = 2 5 to 10 mm = b<br>> 1/2 of lateral chest wall = 3 > 10 mm = c<br>O R O L 1 2 3 1 2 3 a b c a b c                            |  |                                                                                                                                               |  |
| 4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/> Proceed to Section 5                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                               |  |
| 4B. OTHER SYMBOLS OBLIGATORY<br>ss al ax bu c ce cn co cp cv di ef em ex f hi ho id ih kl me pa pb pi px ra rp tb<br>OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified?<br>MONTH DAY YEAR                                                                                                                                                                                                              |  |                                                                                                                                               |  |
| 4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input type="checkbox"/> Proceed to Section 5                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                               |  |
| 5. PHYSICIAN'S Social Security Number*<br>[REDACTED] 5525<br>* Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.                                                                                                                                                                                                                                                                              |  |                                                                                                                                               |  |
| FILM READER'S INITIALS DATE OF READING<br>AJS MONTH DAY YEAR<br>11 02 2004                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                               |  |
| LAST NAME - STREET ADDRESS<br>SCHONFELD ALVIN 438 W ST JAMES<br>C.H.I.CAGO IL 60614<br>CITY CDC/NIOSH (M) 2.8 STATE ZIP CODE                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                               |  |



# EXHIBIT E

# Social Security Death Index Search Results

81,074,156 Records  
last updated on 2-22-2008

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The most full-featured SSDI search engine on the internet

| Field      | Value    | Records | Results |
|------------|----------|---------|---------|
| Last Name  | EVANS    | 115414  | 115414  |
| First Name | MELVIN   | 104803  | 152     |
| Birth Date | 02231938 |         | Scanned |

Viewing 1-1 of 1

| Name         | Birth       | Death           | Last Residence              | Last Benefit     | SSN         | Issued  | Tools                                                                                             | Order Record?                                                     |
|--------------|-------------|-----------------|-----------------------------|------------------|-------------|---------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| MELVIN EVANS | 23 Feb 1938 | 12 Nov 2005 (V) | 36482 (Whatley, Clarke, AL) | (none specified) | 418-48-2416 | Alabama | <a href="#">SS-5 Letter</a><br><a href="#">Add Post-em</a><br><a href="#">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

(V)=(Verified) Report verified with a family member or someone acting on behalf of a family member.  
(P)=(Proof) Death Certificate Observed.

|                       |                                     |                                    |
|-----------------------|-------------------------------------|------------------------------------|
| Last name             | <input type="text" value="EVANS"/>  | <input type="text" value="Exact"/> |
| First Name            | <input type="text" value="MELVIN"/> |                                    |
| Middle Name           | <input type="text"/>                | (initial)                          |
| SSN                   | <input type="text"/>                |                                    |
| <b>Last Residence</b> |                                     | <b>Last Benefit</b>                |
| Zip                   | <input type="text"/>                | <input type="text"/>               |
| State                 | <input type="text"/>                | <input type="text"/>               |
| County                | <input type="text"/>                | <input type="text"/>               |
| City                  | <input type="text"/>                | <input type="text"/>               |
| Birth                 | <input type="text"/>                |                                    |

|                                       |                                        |                                      |                                  |                                              |                                 |
|---------------------------------------|----------------------------------------|--------------------------------------|----------------------------------|----------------------------------------------|---------------------------------|
| Year                                  | <input type="text" value="1938"/>      | Month                                | <input type="text" value="Feb"/> | Day                                          | <input type="text" value="23"/> |
| Death                                 |                                        |                                      |                                  |                                              |                                 |
| Year                                  | <input type="text"/>                   | Month                                | <input type="text" value="Any"/> |                                              |                                 |
| Issue                                 | <input type="text" value="Any State"/> |                                      |                                  |                                              |                                 |
| <input type="button" value="Submit"/> |                                        | <input type="button" value="Clear"/> |                                  | <input type="button" value="Simple Search"/> |                                 |

CPU seconds used 0.050992

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>For help using the SSDI search, see [Problem solving](#)

# EXHIBIT F

## LANIER HEALTH SERVICES

4800 48<sup>TH</sup> STREET

VALLEY, ALABAMA 36854

D. A. Rao, M.D. FCAP, Director of Laboratory

|                  |                |                 |          |
|------------------|----------------|-----------------|----------|
| Name:            | GIBSON ISAAC L | Patient Number: | 838949   |
| Stay Type:       | O/P            | MR Number:      | 118728   |
| Date of Birth:   | 1940           | Room:           |          |
| Admit Date:      | 07/11/02       | Discharge Date: | 07/11/02 |
| Age:             | 62             | Sex:            | M        |
| Admitting Phys:  | GARCIA R       | Referring Phys: |          |
| Report Location: |                | Order Number:   | 64856    |

*Unsigned transcriptions are preliminary reports and do not represent a medical or legal document*

## SURGICAL PATHOLOGY REPORT

SPECIMEN COLLECTED DATE/TIME: 07-11-02 0750

SPECIMEN RECEIVED DATE/TIME: 07-11-02 0852

SURGICAL PATH NO.: S-2803-02

PREOP DIAGNOSIS: Hoarseness

SPECIMEN: Bx lt vocal cord


PATHOLOGICAL DIAGNOSIS: Several portions of vocal cord tissue with squamous cell carcinoma in situ

NOTE: Because most of the tissue happens to be from the surface invasion cannot be evaluated and cannot be ruled out. In view of this, a further evaluation is suggested.

GROSS DESCRIPTION: Specimen consists of several portions of grayish, pinkish, soft, mucosal like tissue measuring 1 ½ cm in aggregate. Specimen submitted for histological examination.

MICROSCOPIC DESCRIPTION: Microscopic examination shows several portions of vocal cord tissue. The vocal cord tissue is showing severe dysplasia and carcinoma in situ. Most of the tissue is from the surface only. In view of this, invasion cannot be evaluated.

REPORT COMPLETED: 07-12-02 1336

  
D. A. Rao, M.D. FCAP, Pathologist


dh

22

# EXHIBIT G

## Social Security Death Index Search Results

81,074,156 Records  
last updated on 2-22-2008

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| Field       | Value    | Records | Results |
|-------------|----------|---------|---------|
| Last Name   | JONES    | 442770  | 442770  |
| First Name  | CHARLES  | 1105643 | 5897    |
| Middle Name | R        | 1803918 | 263     |
| Birth Date  | 07181939 |         | Scanned |

Viewing 1-1 of 1

| Name               | Birth             | Death                    | Last Residence                        | Last Benefit        | SSN         | Issued  | Tools                                                                                     | Order Record?                                                     |
|--------------------|-------------------|--------------------------|---------------------------------------|---------------------|-------------|---------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| CHARLES<br>R JONES | 18<br>Jul<br>1939 | 28<br>Dec<br>2004<br>(V) | 36276<br>(Wadley,<br>Randolph,<br>AL) | (none<br>specified) | 418-50-2289 | Alabama | SS-5 Letter<br>Add Post-em<br><a href="http://SearchAncestry.com">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

(V)=(Verified) Report verified with a family member or someone acting on behalf of a family member.  
(P)=(Proof) Death Certificate Observed.

|                       |         |           |
|-----------------------|---------|-----------|
| Last name             | JONES   | Exact     |
| First Name            | CHARLES |           |
| Middle Name           | R       | (initial) |
| SSN                   |         |           |
| <b>Last Residence</b> |         |           |
| Zip                   |         |           |
| State                 |         |           |
| County                |         |           |
| City                  |         |           |
| Birth                 | 1939    |           |
| <b>Last Benefit</b>   |         |           |

CPU seconds used 0.210968

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>


For help using the SSDI search, see [Problem solving](#)



# EXHIBIT H

# Social Security Death Index Search Results

81,074,156 Records  
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| Field      | Value    | Records | Results |
|------------|----------|---------|---------|
| Last Name  | KELLY    | 87219   | 87219   |
| First Name | MAVIS    | 6698    | 8       |
| Birth Date | 06301925 |         | Scanned |

Viewing 1-1 of 1

| Name          | Birth       | Death           | Last Residence                 | Last Benefit     | SSN         | Issued  | Tools                                                                                             | Order Record?                                                     |
|---------------|-------------|-----------------|--------------------------------|------------------|-------------|---------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| MAVIS O KELLY | 30 Jun 1925 | 18 Dec 2003 (V) | 35180 (Warrior, Jefferson, AL) | (none specified) | 422-24-8403 | Alabama | <a href="#">SS-5 Letter</a><br><a href="#">Add Post-em</a><br><a href="#">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

(V)=(Verified) Report verified with a family member or someone acting on behalf of a family member.

(P)=(Proof) Death Certificate Observed.

Last name

First Name

Middle Name  (initial)

SSN

Last Residence

Last Benefit

Zip

State

County

City

Birth

|                                                                                                                         |                                        |       |                                  |     |                                 |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------|----------------------------------|-----|---------------------------------|
| Year                                                                                                                    | <input type="text" value="1925"/>      | Month | <input type="text" value="Jun"/> | Day | <input type="text" value="30"/> |
| Death                                                                                                                   |                                        |       |                                  |     |                                 |
| Year                                                                                                                    | <input type="text"/>                   | Month | <input type="text" value="Any"/> |     |                                 |
| Issue                                                                                                                   | <input type="text" value="Any State"/> |       |                                  |     |                                 |
| <input type="button" value="Submit"/> <input type="button" value="Clear"/> <input type="button" value="Simple Search"/> |                                        |       |                                  |     |                                 |

CPU seconds used 0.021997

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>For help using the SSDI search, see [Problem solving](#)

# EXHIBIT I



John Stich, M.D., Medical Director

David Martin, Ph.D., M.D.

Frank Willett, M.D.

## Department of Pathology

3122 Manchester Expressway  
Columbus, GA 31904  
Tel # (706) 596-4100  
Fax # (706) 596-4111

Patient: POWELL, WALTER

Pathology No.: S-04-00634

Med Record No:

4229910

Date Collected:

1/10/04

Physician:

Y. Lawhorne

Date of Birth:

Date Received:

2/16/04

Dr Referring

Sex: M

Age:

Race: B

Procedure Place:

IPH

Location:

ICU009

Account Number:

30171127

Clinical History:

Lung lesion

Specimen:

A. LLL Lobectomy

## SURGICAL PATHOLOGY REPORT

## Intraoperative Consult:

Lung, left lower lobe, lobectomy. Squamous cell carcinoma. Bronchial margin free of tumor (wfw)

## Final Diagnosis:

- A. LUNG, LEFT LOWER LOBE, LOBECTOMY:
- HIGH GRADE POORLY DIFFERENTIATED SQUAMOUS CELL CARCINOMA WITH PROMINENT NECROSIS
  - PLEURA AND BRONCHIAL MARGIN ARE FREE OF TUMOR
  - POSITIVE FOR LYMPHATIC INVASION
  - SEVEN LYMPH NODES NEGATIVE FOR METASTATIC DISEASE
- B. LYMPH NODES, HIGH BRONCHIAL, BIOPSY:
- FOUR LYMPH NODES NEGATIVE FOR METASTATIC DISEASE

QA. JS

## Gross Description:

- A. Received fresh for frozen section labeled 'left lower lobe nodule is a lobectomy specimen which weighs 198 grams and measures 15.0 x 8.3 x 3.3 cm. Over the medial aspect of the lobe there is identified a palpable nodule. This nodule is 4.0 cm from the bronchial margin. Cut surface shows a highly suspicious and centrally necrotic nodule which measures 2.5 x 1.8 x 2.0 cm. On sectioning through the lesion a possible bronchial origin site is identified. Peribronchial lymph nodes are identified which are not grossly suspicious. Tumor does appear to abut the pleura but does not grossly involve it. No other suspicious nodules are identified in the lung parenchyma. Representative sections are submitted as follows.
- A1. Bronchial margin, frozen section control
- A2. Tumor, frozen section control
- A3-6. Tumor
- A7. Peribronchial lymph nodes (wfw)

PATIENT  
PATH #.  
MR#

POWELL, WALTER  
S-04-00634  
4229910

02/14/2004 04:07 7063275740  
Date: 02/11/04 Time: 04:56 PM To: T. Lawhorne ; 3/11/02/01

AL PICKEN

PAGE 02

Patient: POWELL, WALTER

Physician T. Lawhorne

Path No: S-04-00634

- B. Received in formalin in a container labeled 'high bronchial node' are three fragments of anthracotic black soft tissue ranging from 2.1 - 0.7 cm in greatest dimension. Cut surface shows typical anthracotic lymph nodes. Two smaller nodes are submitted in cassette B1. The largest node is bisected and entirely submitted in cassette B2. (wfw)

## -- Microscopic Description:

## LUNG CANCER SUMMARY

## A. Gross Findings:

1. Size of tumor: 2.3 cm
2. Distance from visceral pleura: 2.0 mm
3. Distance from bronchial margin: 4.0 cm
4. Origin in bronchus determined: Yes
5. Involvement of lymph nodes: No

## B. Microscopic:

1. Histologic type: Squamous
2. Histologic grade: III
3. Lymphatic invasion: Yes
4. Vascular invasion: No
5. Bronchial margin involved: No
6. Visceral pleura involved: No
7. Chest wall invasion: No
8. Lymph nodes, peribronchial (N1 nodes): 11 With metastases: 0
9. Lymph nodes, mediastinal (N2 nodes): 0 With metastases: NA

T1, N0, Mx; Stage - IA

W. Frank Willett III, M.D.  
Pathologist  
Electronically signed Feb 11, 2004

PATIENT:  
PATH #  
MR#

POWELL, WALTER  
S-04-00614  
422910

# EXHIBIT J

Baptist Medical Center Montclair  
800 Montclair Road  
Birmingham, Alabama 35213

SURGICAL PATHOLOGY REPORT

PAGE 1

PATIENT PROUITT, JAMES R. BIRTH DATE 3/35/35 ACCESSION NO. 87-M-1607  
PHYSICIAN CLAYTON DR O W SURGERY DATE 3/10/87 REPORT DATE 3/11/87  
LOCATION SPEC 5 AGE 35 SEX M HOSPITAL NO. 302610

CLINICAL: Lung tumor and hemoptysis

- SPECIMEN: 1. Hilar lymph nodes  
2. Left upper lobe/Left 3rd, 4th, and 5th rib  
3. Mediastinal node and hilar node  
4. Portion LLL  
5. Pleural of left chest  
6. Left lung

- FROZEN SECTION: 1. Benign lymph nodes (ojs)  
2a Tumor on exterior surface of intercostal muscle margin (ojs)  
2b Tumor in bronchial margin (ojs)

GROSS:

Six specimens are received.

Specimen #1 is received fresh for frozen sectioning and is labeled hilar lymph node. Present in the container are multiple fragments of dark red to gray tissue measuring upon reconstruction approximately 2.5 x 1.6 x 0.8 cm. in aggregate. The tissue is soft and no areas of calcification or tumor is identified grossly. A portion of the specimen is frozen at the time of frozen section and is submitted for permanent sectioning in two cassettes labeled (FSC#1). The remainder of the specimen is submitted in a single cassette labeled (#1).

Specimen #2 is received fresh for frozen sectioning and is labeled left upper lobe. Present in the container is a lobectomy specimen with attached rib, pleura and intercostal muscles. The specimen weighs 476 gms. and measures 23.5 x 14.5 x 7.5 cm. The lung measures 15.0 x 13.5 x 5.0 cm. The pleura is dark red with focal areas of gray-black anthercotic pigmentation. The pleura surface of the lung is adhered to the overlying parietal pleura and portions of three ribs as well as intercostal muscles are present. The total portion of chest wall attached to the specimen measures 12.0 x 8.0 x 1.5 cm. The ribs measure 10.2, 12.5 and 13.0 cm. in length each. There is a very large well defined tumor mass present in the portion of lung beneath the attached chest wall. It measures 7.5 x 7.0 x 7.0 cm. It is gray to tan on cut surface and contains focal areas of dark black-gray discoloration. Areas of necrosis are present within the central portion of the tumor. No calcification is identified. The remainder of the pulmonary parenchyma is dark red and congested. No other masses are identified grossly. The bone overlying the tumor

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Walter P. Little, M.D.  
George V. Eisenhart, M.D.

Paul J. Biggs, M.D.  
John A. Blackmon, M.D.

Hermann J. Lohmann, M.D.  
Arthur S. Ludwig, Jr., M.D.  
O. J. Staats, D.M.D., M.D.

SURGICAL PATHOLOGY REPORT

M13 SPR-203



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400 Montclair Road  
Birmingham, Alabama 35213

**SURGICAL PATHOLOGY REPORT**

PAGE 2

|           |                 |              |         |               |           |
|-----------|-----------------|--------------|---------|---------------|-----------|
| PATIENT   | PRUITT, JAMES R | BIRTH DATE   | 3/10/87 | ACCESSION NO. | 87-M-1607 |
| PHYSICIAN | CLAYTON DR O W  | SURGERY DATE | 3/10/87 | REPORT DATE   | 3/11/87   |
| LOCATION  | SPC             | AGE          | M       | HOSPITAL NO.  | 302610    |

shows no gross involvement by tumor. The muscle is also unremarkable. The skeletal muscle is also grossly unremarkable. Specimen #3 is received in formalin and is labeled hilar. Present in the container in a separately wrapped piece of gauze labeled hilar is an apparent lymph node which measures 3.0 x 2.0 x 0.5 cm. The node is dark gray and shows no areas of calcification or firmness. It is bisected and half submitted in a single cassette labeled (#IIIH).

Also present in the container in a separately wrapped piece of gauze labeled mediastinal is a single fragment of tan tissue measuring 0.7 x 0.5 x 0.3 cm. It is soft and shows focal areas of hemorrhage. It is entirely submitted as received between sponges in a single cassette labeled (#IIM).

Specimen #4 is received in formalin and is labeled portion of left lower lobe. Present in the container is a single piece of pulmonary parenchyma which weighs 17.4 gms. and measures 11.0 x 4.0 x 1.0 cm. The pleural surface is salmon with areas of hemorrhage and is remarkable for the presence of a recent incision which measures 10 cm. in length and is opposed by multiple sutures. Pulmonary parenchyma is dark red with focal areas of gray-black discoloration. No tumor or other abnormality is identified. Representative sections of the specimen are submitted in two cassettes labeled (#IV).

Specimen #5 is received in formalin and is labeled pleura of left chest. Present in the container is single piece of tissue which is irregularly shaped and measures 6.2 x 3.1 x 0.5 cm. One surface of the specimen is smooth and glistening and appears to represent a pleural surface. The opposite is very firm and tan-white. No areas of hemorrhage or necrosis are identified grossly. Representative sections are submitted for preliminary decalcification and will be submitted for permanent sectioning in two cassettes labeled (#V).

The final specimen is received in formalin and is labeled left lung. Present in the container is a lobectomy specimen which weighs 189 gms. and measures 21.0 x 15.0 x 6.0 cm. The pleural surface is remarkable for the presence of focal anthercotic pigmentation as well as a recent surgical incision measuring 10 cm. in length and opposed by multiple staples. The pulmonary parenchyma is dark red with focal areas of anthercotic pigmentation and shows no masses or areas of consolidation. Four apparent hilar lymph nodes which are dark gray-black and soft are identified. No abnormalities are seen.

**SUMMARY OF SECTIONS**

- (FSC#I) Remainder of tissue from frozen section hilar lymph node, two cassettes
- (#I) Remainder of hilar lymph node, one cassette

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**SURGICAL PATHOLOGY REPORT**

M13 SPR-2

Baptist Medical Center Montclair  
800 Montclair Road  
Birmingham, Alabama 35213

## SURGICAL PATHOLOGY REPORT

PAGE 3

PATIENT PRUITT, JAMES R BIRTH DATE 3/35/35 ACCESSION NO. 87-14-1607  
PHYSICIAN CLAYTON DR O W SURGERY DATE 3/10/87 REPORT DATE 3/11/87  
LOCATION SPC AGE 35 SEX M HOSPITAL NO. 302610

- (#IIFSCRM) Bronchial margin, one cassette  
(#IIFSC) Remainder of tissue from frozen section of tumor mass and anterior surface of intercostal muscle (margin), two cassettes  
(#IIT) Representative sections of remainder of tumor, three cassettes  
(#IILN) Peribronchial lymph nodes, one cassette  
(#IINL) Grossly normal lung, one cassette  
(#IIM) Section of intercostal muscles, one cassette  
(Portion rib and overlying tumor mass, submitted for decalcification)  
(#IIIR) Hilar lymph node, one cassette  
(#IIIM) Mediastinal lymph node, one cassette  
(#IV) Representative sections of left lower lobe, two cassettes  
(VP) Sections of pleura of left chest (submitted for preliminary decalcification), two cassettes  
(#VIRM) Bronchial margin of left lung, one cassette  
(#VILN) Peribronchial lymph nodes of left lung, one cassette  
(#VI) Sections of grossly normal left lung, two cassettes  
3/10/87 gh/db

- DIAGNOSIS: (1) Hilar lymph nodes: Benign follicular hyperplasia  
(2) Left upper lobe: Moderately well differentiated adenocarcinoma

COMMENT: There is a marked fibrous reaction to the tumor. Focal lymphatic invasion is present. Necrosis and a mild chronic inflammatory infiltrate are identified.

Bronchial margin: Minute focus of neoplasm (see original frozen section slide)

Peribronchial lymph nodes: No tumor identified in two nodes examined.

Muscle: Adenocarcinoma

COMMENT: Sections of the external superficial intercostal muscles are examined. Several small clusters of tumor cells are present.

Rib: To be reported.

- (3) Mediastinal lymph node: No tumor identified in one node examined.

Hilar lymph nodes: No tumor in two lymph nodes examined.

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George V. Eisenhart, M.D.

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SURGICAL PATHOLOGY REPORT

M13 SPR



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Birmingham, Alabama 35213

**SURGICAL PATHOLOGY REPORT**

PAGE 4

IENT: PRUITT, JAMES R. BIRTH DATE: 35  
PHYSICIAN: CLAYTON DR O W SURGERY DATE: 3/10/87  
LOCATION: SPC AGE: SEX: M HOSPITAL NO. 302610  
ACCESSION NO. 87-4-1607  
REPORT DATE 3/11/87

- (4) Left lower lobe: No histologic abnormality
- (5) Pleura: Fibrous thickening, no tumor present.
- (6) Left lung: No histologic abnormality.

Final bronchial margin of resection: No tumor present.

Peribronchial lymph nodes: No tumor present in four lymph nodes examined.

gh/jab/3-11-87  
TR  
Gecal

*O. J. Staats, M.D.*

Claire B. Elliott, M.D.  
Walter P. Little, M.D.  
George V. Elsenhart, M.D.

Paul J. Biggs, M.D.  
John A. Blackmon, M.D.

Hermann J. Lohmann, M.  
Arthur S. Ludwig, Jr., M.I  
O. J. Staats, D.M.D., M.D.


**SURGICAL PATHOLOGY REPORT**

M13 SPR-20

# EXHIBIT K

# Social Security Death Index Search Results

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| Field      | Value    | Records | Results |
|------------|----------|---------|---------|
| Last Name  | PRUITT   | 13130   | 13130   |
| First Name | JAMES    | 1616490 | 429     |
| Birth Date | 19350223 | 1738    | 1       |

Viewing 1-1 of 1

| Name                 | Birth             | Death                    | Last Residence                           | Last Benefit        | SSN         | Issued  | Tools                                                                                             | Order Record?                                                     |
|----------------------|-------------------|--------------------------|------------------------------------------|---------------------|-------------|---------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| JAMES<br>R<br>PRUITT | 23<br>Feb<br>1935 | 06<br>Sep<br>2006<br>(V) | 35962<br>(Crossville,<br>De Kalb,<br>AL) | (none<br>specified) | 422-42-8214 | Alabama | <a href="#">SS-5 Letter</a><br><a href="#">Add Post-em</a><br><a href="#">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

(V)=(Verified) Report verified with a family member or someone acting on behalf of a family member.  
(P)=(Proof) Death Certificate Observed.

|                       |                                     |                                    |
|-----------------------|-------------------------------------|------------------------------------|
| Last name             | <input type="text" value="PRUITT"/> | <input type="text" value="Exact"/> |
| First Name            | <input type="text" value="JAMES"/>  |                                    |
| Middle Name           | <input type="text"/>                | (initial)                          |
| SSN                   | <input type="text"/>                |                                    |
| <b>Last Residence</b> |                                     | <b>Last Benefit</b>                |
| Zip                   | <input type="text"/>                | <input type="text"/>               |
| State                 | <input type="text"/>                | <input type="text"/>               |
| County                | <input type="text"/>                | <input type="text"/>               |
| City                  | <input type="text"/>                | <input type="text"/>               |
| Birth                 | <input type="text"/>                |                                    |

|                                                                                                                         |                                        |       |                                  |     |                                 |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------|----------------------------------|-----|---------------------------------|
| Year                                                                                                                    | <input type="text" value="1935"/>      | Month | <input type="text" value="Feb"/> | Day | <input type="text" value="23"/> |
| Death                                                                                                                   |                                        |       |                                  |     |                                 |
| Year                                                                                                                    | <input type="text"/>                   | Month | <input type="text" value="Any"/> |     |                                 |
| Issue                                                                                                                   | <input type="text" value="Any State"/> |       |                                  |     |                                 |
| <input type="button" value="Submit"/> <input type="button" value="Clear"/> <input type="button" value="Simple Search"/> |                                        |       |                                  |     |                                 |

CPU seconds used 0.089987

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>For help using the SSDI search, see [Problem solving](#)

# EXHIBIT L

3-3339  
05/05 14:30HUNTSVILLE HOSPITAL SYSTEM  
(QAS3\$P) PAGE 001SEMEVOLOS, EDWIN M  
000044226403  
CHANDLER JAMES MD ADM:12/28/02  
REACT  
COLLECTED: 12/30/02

|       |       |         |       |   |
|-------|-------|---------|-------|---|
| 00000 | 000   | 0000000 | 0     | 0 |
| 0     | 0     | 0       | 0     | 0 |
| 0000  | 00000 | 0       | 00000 |   |
| 0     | 0     | 0       | 0     | 0 |
| 0     | 0     | 0       | 0     | 0 |

PATHOLOGY REPORT

(NOTE)

## SURGICAL PATHOLOGY REPORT

ACCESSION #: S02-20637

SPECIMEN(S) RECEIVED  
A: FNA- RIGHT UPPER LUNG MASS CELL BLOCK  
B: CORE BIOPSY-LUNG MASSCLINICAL HISTORY  
RIGHT UPPER LUNG MASS.  
GROSS DESCRIPTION

(A). THE SPECIMEN CONSISTS OF MULTIPLE SLIDES RECEIVED FROM A FINE NEEDLE ASPIRATION FROM A "RIGHT UPPER LUNG MASS". THREE SLIDES ARE STAINED WITH DIFF-QUIK AND THREE WITH PAP STAIN. ALSO RECEIVED IS MATERIAL IN 20 CC OF MUCOLEXX WHICH IS SENT FOR PAP STAINED CYTOSPIN PREPARATIONS AND CELL BLOCK.

(B). THE SPECIMEN IS RECEIVED IN A CONTAINER WITH FORMALIN LABELED WITH THE PATIENT'S NAME ONLY AND THE REQUEST SLIP STATES "CORE BIOPSY LUNG MASS" AND CONSISTS OF A FEW FRAGMENTS OF RED SOFT TISSUE AND CORES WITH AN AGGREGATE LENGTH OF 0.6 CM AND DIAMETER LESS THAN 0.1 CM, ENTIRELY SUBMITTED IN ONE BLOCK.  
(CMK:BLM)

MAE/12/30/02

CHERYL M. KIRK, M.D.

## FINAL PATHOLOGIC DIAGNOSIS

(A). RIGHT UPPER LUNG MASS, FINE NEEDLE ASPIRATION, CYTOLOGY AND CELL BLOCK:

- SMALL CELL CARCINOMA.

(B). CORE BIOPSY LUNG MASS:

- SMALL CELL CARCINOMA.

SEE COMMENT.

CPT: 305 X 2, 374

CMK/LC

## COMMENT

DR. HONKANEN HAS REVIEWED THIS CASE AND AGREES WITH THIS INTERPRETATION. (BLM)

\*\*\*ELECTRONICALLY SIGNED OUT\*\*\*

~~CONTINUED~~

SEMEVOLOS, EDWIN


PATHOLOGY REPORT



# EXHIBIT M

## Social Security Death Index Search Results

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| Field      | Value     | Records | Results |
|------------|-----------|---------|---------|
| Last Name  | SEMEVOLOS | 8       | 8       |
| First Name | EDDY      |         | Scanned |
| Birth Date | 02281939  |         | Scanned |

Viewing 1-1 of 1

| Name           | Birth       | Death           | Last Residence                       | Last Benefit     | SSN         | Issued       | Tools                                                                                             | Order Record?                                                     |
|----------------|-------------|-----------------|--------------------------------------|------------------|-------------|--------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| EDDY SEMEVOLOS | 28 Feb 1939 | 11 Feb 2005 (V) | 35757 (Madison, <u>Madison, AL</u> ) | (none specified) | 502-40-0736 | North Dakota | <a href="#">SS-5 Letter</a><br><a href="#">Add Post-em</a><br><a href="#">Search Ancestry.com</a> | <a href="#">Click here to order a copy of the original record</a> |

Viewing 1-1 of 1

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(P)=(Proof) Death Certificate Observed.

|                       |                                         |                                                                            |
|-----------------------|-----------------------------------------|----------------------------------------------------------------------------|
| Last name             | <input type="text" value="SEMEVOLOS"/>  | <input type="text" value="Exact"/>                                         |
| First Name            | <input type="text" value="EDDY"/>       |                                                                            |
| Middle Name           | <input type="text" value=""/> (initial) |                                                                            |
| SSN                   | <input type="text"/>                    |                                                                            |
| <b>Last Residence</b> | <b>Last Benefit</b>                     |                                                                            |
| Zip                   | <input type="text"/>                    |                                                                            |
| State                 | <input type="text"/>                    |                                                                            |
| County                | <input type="text"/>                    |                                                                            |
| City                  | <input type="text"/>                    |                                                                            |
| Birth                 |                                         |                                                                            |
| Year                  | <input type="text" value="1939"/>       | Month <input type="text" value="Feb"/> Day <input type="text" value="28"/> |

Death

Year

Month

Any

Issue

Any State

Submit

Clear

Simple Search

CPU seconds used 0.009999

For more info about the SSDI, see <http://www.rootsweb.com/~rwguide/lesson10.htm>For help using the SSDI search, see [Problem solving](#)